

GMCO Corporation
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Quote
City of New Meadows-IBM App-2023
 April 14, 2023

Service Address
 City of New Meadows
 City Hall Office
 401 Virginia Street
 New Meadows, ID 83654

Billing Address
 City of New Meadows
 401 Virginia Street
 New Meadows, ID 83654

Item	Description	Quantity	Unit Price	Tax	Amount
IntegriBlend M	IntegriBlend M - Price per gallon to D&A the Magnesium Chloride product on 22' x 22,835' gravel streets @ .35 (Reduced application rate by .05 gallons per sq yard over 2022 application due to increased 2023 costs and a continued budget of \$ 25,000.00) gallons per sq yard application rate. Customer to prep and water the roads before the application per Jessie Wallace @ 208-315-5573. Requested application date is June, 2023 over 1 - 2 days? This quote is based on the current fuel rate of (\$ 4.90 to \$ 5.019) per gallon. If this rate is adjusted by the US Dept of Energy regional average, at the time of delivery, an additional fuel surcharge will be added to this price.	19,536.00	\$1.2796	Tax	\$24,998.27
Additional Fuel Surcharge	Additional Fuel Surcharge - If applicable at the time of delivery.	19,536.00	\$0.0000	Tax	\$0.00
Subtotal:					\$24,998.27
AVATAX (0%):					\$0.00
Total:					\$24,998.27

The quote includes the following terms: This quote does not include sales tax, the Responsible Party is responsible for paying all applicable taxes. Should the quantity of items and/or services change or the applicable tax rate change, the Responsible Party is liable for the balance due. This quote is valid for 7 days, after 7 days, prices are subject to change unless otherwise noted. If the Responsible Party has been approved for credit, payment is due within 30 days of the date printed on the invoice. A finance charge of 1.5% per month will be assessed on all amounts 30 days past due. Otherwise, you are required to prepay, which consists of a credit card pre-authorization hold on funds for 120% of the quote, only valid on purchases less than \$10,000. The card on file will be processed for the final amount, not to exceed the pre-authorized amount.

Signature authorized representative _____, _____, _____, _____
 Print name Title Date